(c) the time by when a decision is this regard is likely to be taken?

THE MINISTER OF STATE OF THE MINISTRY OF SURFACE TRANSPORT (SHRI RAJESH PILOT): (a) No, Sir.

(b) and (c) Declaration of State Roads as National Highways is not made on the basis of any particular area, region, population or State but on fulfilment of prescribed criteria, the availability of resources and *inter-se* priority. However, owing to limitation of funds under the Central Sector Roads programme and other priority considerations, it is not possible at present to include the roads in question in the National Highways network.

Vayudoot Link to Bilaspur

2284. SHRI AJIT P. K. JOGI : Will the Minister of CIVIL AVIATION be pleased to state:

(a) whether it is a fact that VAYUDOOT service linking Bilaspur in Madhya Pradesh was formally inaugurated by the Union Minister in the presence of Chief Minister and other dignitaries but after the inauguration not even a single VAYUDOOT service was provided to Bilaspur;

(b) if so, the reasons therefor;

(c) what were the reasons for introducing its formal inauguration flight when the VAYUDOOT was not equipped to continue the service; and

(d) by when, this service would be re-introduced and what are the places that are likely to be connected by this?

THE MINISTER OF STATE OF THE MINISTRY OF LABOUR (SHRI JAGDISH TYTLER): (a) Yes, Sir.

(b) and (c) Since the airfield at Jagdalpur which was one of the stations included in the proposed route, was not ready scheduled services to Bilaspur could not be introduced so far.

(d) Vayudoot proposes to commence regular operations on the route Bhopal-Raipur-Bilaspur-Jagdalpur-Raipur-Bhopal, after the Jagdalpur airfield becomes operational.

Trading in Blood supplies may increase the AIDS risk

2285. SHRI KAPIL VERMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Indian Society of Blood Transfusion and Immunohaematology at its National Conference held at Pune recently observed that rampant commercialisation and trading in blood supplies are likely to increase the AIDS risk;

(b) if so, the details thereof and what steps Government propose to take so that blood supplies are free from AIDS;

(c) whether Government propose to have a national policy on blood; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) Government is not aware about the observations of Indian Society of Blood Transfusion and Immunohaematology.

(b) Does not arise.

(c) and (d) The Government have finalised during 1987, a scheme for development and modernisation of Blood Banking and Blood Transfusion Services in the country. The Seventh Plan outlay for the scheme is Rs. 5 crores. The broad objectives of the scheme are as under:—

(i) Voluntary Blood Donation Programme which consists of publicity through mass-media etc., extension of the financial assistance to voluntary bodies and incentives to voluntary blood donors, donor organisers and outstanding voluntary agencies.

(ii) Assistance for training programme and personnel working in the blood transfusion departments by providing stipend to the trainees and honorarium etc. to the trainers and experts.

(iii) Assistance to State Governments for the following components:—

(a) District Blood Transfusion Centres.

(b) Medical College blood banks.

(c) State Headquarters Administration.

Health Consultancy Services

2286. SHRI KAPIL VERMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the names of individuals/organisations to which the Ministry of Health has awarded consultancy service during the last three years, year-wise;

(b) the amount paid to each individual/organisations during the above period alongwith the subject of consultancy;

(c) whether the reports of the consultancy have been submitted to Government, if so, the details of each report;

(d) what benefit the Ministry have derived from these consultancy; and

(e) what was the level at which the consultancy was approved before it was awarded?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) to (e) Information is being collected and will be placed on the Table of the House.

Cadre review of Group 'C' and 'D' posts

2287. SHRI M. KADHARSHA Will the Minister of HEALTH AND FAMILY WELFARE be pleased to refer to the reply to Unstarred Question 1893 given in the Rajya Sabha on the 25th November, 1987 and state:

(a) what are the details of the cadre review of Group 'C' and 'D' posts in the CGHS; and

(b) what is the number of 'Lower Division Clerks' who had put in (i) 10-15 years of service and (ii) 15 years since and had not been promoted to the next higher grade or likely to be benefited as a result of the said cadre revised?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) The requisite information is given in the enclosed Statement. (*See* below).

(b) The number of L.D.Cs in CGHS Delhi with 10-15 years service is 50, over 15 years service is 149. It is not possible to indicate the exact number of posts which may be created in the higher grades as a result of Cadre review.

Statement

Principles of Cadre Review

1. The Cadre Review may be visualised as an exercise for complete manpower planning-taking into account the annual intake at the entry level, maintenance needs growth, etc. rather than being reviewed only as a need for upgradation of posts to provide promotional opportunities to the members of the staff.

2. The Cadre Review may be conducted on functional cum-structural considerations with due regard to the duties and responsibilities and the need to promote efficiency in the Organisation/Department.

3. Wherever STU norms/yardsticks have already been laid down for provision of staff, these should be taken into account, while conducting cadre review for various categories/grades.

4. The Cadre review exercise may be conducted periodically for all groups 'B', 'C' and 'D' posts without linking it to the level of stagnation in the cadre.